

**MEDICAID PHARMACY PRIOR AUTHORIZATION
ADVISORY COMMITTEE
Meeting Summary
August 16, 2006**

Opening Remarks/Introductions

The Medicaid Pharmacy Prior Authorization (PA) Advisory Committee met on August 16, 2006, to review 31 drug classes for the Wisconsin Medicaid preferred drug list (PDL).

Kevin Hayden, Administrator of the Division of Health Care Financing (DHCF), opened the meeting by reviewing the agenda and the following items:

- A reminder to Committee members to complete the Nondisclosure and Conflict of Interest forms. Members of the Committee are asked to complete the form and disclose any possible conflicts of interest for each meeting.
- A reminder to those testifying during public comment to complete the Presenter/Witness Disclosure form and provide it to DHCF staff at the registration table.

Review/Approval of March 29, 2006 Meeting Minutes

Meeting minutes were distributed to the Committee members. Mr. Hayden requested modifications or a motion to approve the minutes. Motion was made to approve the minutes by Dr. Hirsch and seconded by Ms. Sorkness.

Vote on motion:

- | | |
|------------------------------|----------------------------|
| ▪ Steve Maike – aye | ▪ Christine Sorkness - aye |
| ▪ Alicia Walker – Absent | ▪ Bradley Fedderly – aye |
| ▪ Tom Hirsch – aye | ▪ Kevin Izard – Absent |
| ▪ Michael Witkovsky - Absent | ▪ Rosanne Barber – aye |

There were no votes opposed and no abstentions.

Public Testimony

Mr. Hayden reviewed the testimony guidelines for the meeting.

Mr. Hayden also announced that speakers are welcome to remain for the ‘open’ Committee deliberation in the afternoon as Committee members may question speakers who gave testimony earlier.

SUMMARY OF PUBLIC TESTIMONY

Scheduled Time	Name	Company	Product/Class	Notes
8:45	Dr. Banas	King Pharmaceuticals	Altace (ramipril) / ACE Inhibitors	Include Altace on the PDL. Presented efficacy, clinical trials and advantages when used with patients at risk for stroke, cardiac events, diabetes, or kidney problems.
8:50	Alan Rosenthal, PharmD	Bristol-Myers Squibb	Plavix (clopidogrel bisulfate) / Platelet Aggregation Inhibitors	Include Orenzia and Plavix on the PDL. Presented indications, unique method of action, efficacy and safety profile for

Scheduled Time	Name	Company	Product/Class	Notes
			Orencia (abatacept) / Cytokine and CAM Antagonists	Orencia. Presented indications and safety profile for Plavix.
8:55	Dr. James Napier		Mirapex (pramipexole Di-HCL) / Antiparkinson's Agents	Include Mirapex and Altace on the PDL. Presented indications, efficacy, compliance and dosing advantages.
9:00	Dr. Tracy Hoffman		Alzheimer's Agents	Testified on her behalf and the patients she serves. Not placing PA restrictions on drugs in the Alzheimer's Agents class. Testified to the impact a delay in providing medications can have on a patient.
9:05	Jacqueline Akert	Planned Parenthood of WI, Inc.	Valtrex (valacyclovir HCL) / Antivirals	Include Valtrex on the PDL.
9:10	Dr. C. Joseph Anderson	Alcon Laboratories Inc.	Vigamox (moxifloxacin HCL) / Ophthalmic Antibiotics Travatan, Patanol	Include Vigamox on the PDL. Presented indications, efficacy, safety profile, effectiveness with cataract surgery and lack of preservatives advantages.
9:15	Mike Jensen, RPh	Allergan	Zymar (gatifloxacin) / Ophthalmic Antibiotics Lumigan (bimatoprost) / Ophthalmics, Glaucoma Agents Alphagan P (brimonidine tartrate) / Ophthalmics, Glaucoma Agents	Testified to include Zymar, Lumigan, and Alphagan P on the PDL. Presented efficacy and tolerability advantages for Zymar. Presented efficacy for Lumigan.
9:20	Kris Medlock	Dey Laboratories	Accuneb/DuoNeb (albuteral sulfate) / Bronchodilators, Beta Agonist	Testified to include Accuneb on the PDL. Presented efficacy, dosing, compliance and age restriction advantages.
9:35	Randy Radtke	American Lung Association of Wisconsin	Respiratory Rescue Medications in the	Not restricting physician prescribing options for any rescue respiratory medication including Advair, Flovent, Pulmicort Serevent, and Asmanex. Presented risk for increased hospital costs if drugs are not available to patients.
9:30	Dr Jane Chevako	Medical Director, Children's Urgent Care	Omnicef (cefdinir) / Cephalosporins and Related Antibiotics	Include Omnicef on the PDL.
9:35	Pat Vojta, PharmD	Boehringer Ingelheim Pharmaceuticals	Spiriva (tiotropium bromide) / Bronchodilators, Anticholinergic	Include Spiriva on the PDL. Presented indications, dosing, efficacy and cost advantages.
9:40	Krishna Patel, Medical Science Specialist	Schering Plough	Nasonex (mometasone furoate) / Intranasal Rhinitis Agents Asmanex (mometasone furoate) / Glucocorticoids, Inhaled Foradil (formoterol fumarate) / Bronchodilators, Beta Agonist Avelox (moxifloxacin HCL) / Fluoroquinolones, Oral	Include Nasonex, Asmanex, Foradil, and Avelox on the PDL. Presented unique indications and efficacy for Nasonex. Presented indications, dosage counter and safety advantages for Asmanex. Presented indications, safety and delivery advantages for Foradil.
9:45	Dr. John Albert		COX-2 Inhibitors	Include the COX-2 Inhibitors (Celebrex) on the PDL. Presented efficacy, side effect and dosing advantages. Spoke in favor of not including the COX-2

Scheduled Time	Name	Company	Product/Class	Notes
				Inhibitors in the NSAIDs class.
9:50	Ken Kortas, PharmD	Sanofi-Aventis	Apidra (insulin glulisine) / Hypoglycemics, Insulin and Related Agents Lantus (insulin glargine, hum.rec.anlog) / Hypoglycemics, Insulin and Related Agents	Include Apidra and Lantus on the PDL. Presented efficacy, dosing, for Apidra. Presented indications, safety, efficacy and dosing advantages for Lantus.
9:55	Amy Blickensderfer	Amylin Pharmaceuticals	Byetta (exenatide) / Hypoglycemics, Insulin and Related Agents Symlin (pramlintide acetate) / Hypoglycemics, Insulin and Related Agents	Include Byetta and Symlin on the PDL. Presented efficacy, indications and side effect advantages for Byetta and Symlin as adjunct therapy.
10:00	Lisa Goetz, PharmD	Procter and Gamble	Actonel (risedronate sodium) / Bone Resorption Suppression and Related Agents	Include Actonel on the PDL. Presented unique indications and efficacy.
10:05	Bryan Yeager	Roche Pharmaceuticals	Boniva (ibandronate sodium) / Bone Resorption Suppression and Related Agents	Include Boniva on the PDL. Presented indications, dosage, compliance, and safety advantages.
10:10	Steve Tomlinson, PhD	Centocor Inc.	Remicade (infliximab) / Cytokine and CAM Antagonists	Include Remicade on the PDL. Presented unique indications, efficacy and positive benefit risk profile.
10:15	Lori Obluck	Arthritis Foundation	Medications used to treat arthritis	Not restricting physician prescribing options for any drug used to treat arthritis. Presented costs of not having access to the best medications.
10:20	Dr. Denis Laurencin		NSAIDS	Include COX-2 Inhibitors on the PDL. Presented efficacy, side effect and dosing advantages. Spoke in support of proving first line option for patients with history of GI bleeding.
10:25	Dr. Gregory Shove	WI Rheumatology Association	COX-2 medications	Include COX-2 Inhibitors on the PDL. Spoke in favor of: reducing the burden of the current prior authorization process, and the risks to patient care and decreased physician participation in the Medicaid program.
10:30	Dr. Timothy Harrington	WI Rheumatology Association		Programs are driven by short term drug cost and not costs of total patient care. Bisphosphonate treatment is important to reduce fractures that cost money.
10:35	Robert Sanchez	Pfizer, Inc.	Celebrex (celecoxib) / NSAIDs Lyrica (pregabalin) / Anticonvulsants	Include Celebrex and Lyrica on the PDL. Presented indications and safety advantages for Celebrex. Presented PDL status of other Medicaid states. Presented dosing, indications, side effect, and cost advantages for Lyrica.
10:40	Dr. Janelle Cooper	The Memory Center, Affinity Health System	Alzheimer's Agents	Not restricting physician prescribing options for the Alzheimer's Agents. There is an impact to patients when delaying effective treatment and the cost savings achieved by keeping patients out of nursing homes.
10:45	Theodore Young, PharmD	Eisai Inc	Aricept (donepezil) / Alzheimer's Agents	Include Aricept on the PDL. Presented indications, efficacy and doing advantages. Increased cost savings caused by early admittance to nursing home if the most effective drugs are not accessible.

Scheduled Time	Name	Company	Product/Class	Notes
10:50	Robert Gundermann	Wisconsin Alzheimer's Association	Alzheimer's Agents	Not restricting physician prescribing options for the Alzheimer's Agents. Impact to patients of delaying effective treatment and the cost savings achieved by keeping patients out of nursing homes.
10:55	Dr. Alfred Habel		Requip (ropinirole HCL) / Antiparkinson's Agents Ketek (telithromycin) / Macrolides/Ketolides	Include Requip and Ketek on the PDL.
11:00	Roger Backes	RLS Foundation	Requip (ropinirole HCL) / Antiparkinson's Agents Mirapex (pramipexole Di-HCL) / Antiparkinson's Agents	Include Requip and Mirapex on the PDL.
11:05	Jessica Hahn	American Parkinson Disease Association	Dopamine Agonists	Not restricting physician prescribing options for the Antiparkinson's Agents.
11:10	Don Nickels, PharmD	GlaxoSmithKline	Avandaryl (rosiglitazone maleate and glimepiride) / Hypoglycemics, TZDs Advair (fluticasone/salmeterol) / Glucocorticoids, Inhaled Requip (ropinirole HCL) / Antiparkinson's Agents Valtrex (valacyclovir HCL) / Antivirals Paxcil CR (paroxetine HCL) / Antidepressants, SSRIs Zofran (ondansetron HCL) / Antiemetics	Include Avandaryl, Advair, Requip, Valtrex, Paxcil CR, and Zofran on the PDL. Presented efficacy, indications and cost effectiveness for Avandaryl. Presented indications, and dosing advantages for Advair. Presented unique indications for Valtrex. Presented indications and compliance advantages for Paxcil CR. Presented indications and dosage advantages for Zofran.
11:15	Dr. Jerry Halverson	APA/Wisconsin Psychiatric Association	Antidepressants, SSRIs	Not restricting physician prescribing options.
11:20	Dr. Michael Ishii	Forest Laboratories/UCB Pharma	Lexapro (escitalopram) / Antidepressants, SSRIs Metadate CD (methylphenidate HCL) / Stimulants and Related Agents	Include Lexapro and Metadate CD on the PDL. Spoke in favor of reducing burdens of PA process. Presented cost effectiveness and efficacy for Lexapro.
11:25	Vanessa A. Jacobsen, PharmD	Ortho-McNeil Janssen	Levaquin (levofloxacin) / Fluoroquinolones, Oral Concerta (methylphenidate HCL) / Stimulants and Related Agents	Include Levaquin and Concerta on the PDL. Presented efficacy, compliance, and a variety of indications for Levaquin. Presented safety profile for Concerta.
11:30	Rose Mullen	Eli Lilly	Strattera (atomoxetine HCL) / Stimulants and Related Agents	Include Strattera on the PDL. Presented unique indications and diversion advantages for Strattera.
11:35	Dr. Darryl Prince		Lyrica (pregabalin) / Anticonvulsants	Include Lyrica on the PDL. Presented side effect profile and its ability to be used in patients with diabetes. Spoke about the burdens of the current PA

Scheduled Time	Name	Company	Product/Class	Notes
				process.
11:40	Dr. Douglas Keehn	Advanced Pain Management	Lyrica (pregabalin) / Anticonvulsants	Include Lyrica on the PDL. Presented the unique method of action and drug interactions, efficacy, and adherence advantages for Lyrica.
11:45	Warren LaDuke	Consumer, Epilepsy Foundation	Lyrica (pregabalin) / Anticonvulsants	Include Lyrica on the PDL. Spoke of personal use of the drugs within the antiepileptic class and ability to use a variety of the medications.
11:50	Dr. Joseph Jares	Epilepsy Foundation	Lyrica (pregabalin) / Anticonvulsants	Include Lyrica on the PDL. Presented efficacy and side effect advantages. Not restricting physician prescribing options because of differing side effects and efficacy of drugs in the class.
11:55	Dr. James Boblin		Lyrica (pregabalin) / Anticonvulsants	Include Lyrica on the PDL. Spoke about difficulty in treating patients because Lyrica is currently a non-preferred drug. Presented unique indications, dosing, and cost advantages.

Follow-up from March 29, 2006 Meeting

After public testimony, Mr. Hayden asked Dr. Mergener to provide an update on the follow-up items from the March 29, 2006, PA Committee Meeting.

- Dr. Mergener summarized the Secretary's decisions from the March 29, 2006, PA Advisory Committee meeting.
 - Preferred products included clozapine, Geodon, Risperdal, and Seroquel. Non-preferred products included Fazaclor, Zyprexa, Symbyax and Abilify. The PA Committee had recommended Abilify as a preferred drug. However, following advice from the mental health advisors, the Secretary decided to make Abilify non-preferred. During the March 29, 2006, meeting Mr. Moody had informed the Committee that the Secretary may modify their recommendation.
 - Recipients who have been on products that became non-preferred were allowed to remain on those products without prior authorization.
 - Conduct a drug utilization review for drugs in the Atypical Antipsychotic drug class. The intervention will focus on the proper dosing and indications for the drugs.
- Dr. Mergener stated that the decisions of the Secretary for the Atypical Antipsychotic drug class will be in effect until the next review of the class in August 2007.
- The Secretary had asked DHCF staff to provide the Committee with utilization and PA data for Cymbalta. The Committee reviewed the data without further comment.

Discussion of Manufacturer-Specific Supplemental Rebate Amounts (Closed Session)

Mr. Hayden indicated that the next agenda item, a discussion of manufacturer-specific supplemental rebate amounts, was intended for consideration in closed session pursuant to s.19.85(1)(e), Wis. Stats. He further indicated that, under federal and state law, the rebate amounts must remain confidential due to the competitive nature of the rebate agreements and federal drug price confidentiality requirements.

Mr. Hayden called for a vote to adjourn into closed session. Voting results were:

- | | |
|---------------------------|----------------------------|
| ▪ Steve Maike – aye | ▪ Christine Sorkness - aye |
| ▪ Alicia Walker – aye | ▪ Bradley Fedderly – aye |
| ▪ Tom Hirsch – aye | ▪ Kevin Izard – aye |
| ▪ Michael Witkovsky - aye | ▪ Rosanne Barber – aye |

There were no votes opposed and no abstentions.

Therapeutic Class Reviews, Committee Discussion, and Response to Proposal (Open Session)

Mr. Hayden announced that Dr. Taylor from Provider Synergies would present the therapeutic class reviews and recommendations and Dr. Mergener from APS Healthcare would present summary conclusions from the Drug Effectiveness Review Project (DERP) reports.

1) ACE Inhibitors (High blood pressure)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ENALAPRIL / HCTZ (ORAL)	ON	Generic
CAPTOPRIL / HCTZ (ORAL)	ON	Generic
BENAZEPRIL / HCTZ (ORAL)	ON	Generic
LISINOPRIL / HCTZ (ORAL)	ON	Generic
FOSINOPRIL / HCTZ (ORAL)	ON	Generic
QUINAPRIL / HCTZ (ORAL)	ON	No-Generic
MAVIK (ORAL)	OFF	No
ACEON (ORAL)	OFF	No
ALTACE (ORAL)	OFF	No
UNIRETIC / UNIVASC (ORAL)	OFF	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – absent
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed.

2) Platelet Aggregation Inhibitors (Prevention of blood clots)

a) Review – Dr. Mergener stated that Plavix is more effective in combination with aspirin, however, it is more likely to produce side effects.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
DIPYRIDAMOLE (ORAL)	ON	Generic
TICLOPIDINE (ORAL)	ON	Generic
AGGRENOX (ORAL)	ON	Yes
PLAVIX (ORAL)	ON	Yes

- c) Discussion – The Committee discussed the release of clopidogrel. There may be savings created by keeping Plavix as preferred for approximately six months until the price of the generic decreases.

The Committee made a motion to accept the recommendation, but allow DHCF to favor the brand drug over the generic drug if the State can save additional money.

- d) Motion made to accept recommendation as amended in the discussion. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Alicia Walker – absent
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Michael Witkovsky – aye

There were no votes opposed.

3) Atopic Dermatitis (Eczema)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ELIDEL (TOPICAL)	ON	Yes
PROTOPIC (TOPICAL)	ON	Yes

- c) Discussion – None.

- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – absent
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed.

4) Antifungals, Topical (Skin fungal infections)

- a) Review – Dr. Taylor stated there was one new product in the class, Vusion. It contains miconazole, zinc oxide and petrolatum. It is indicated for diaper dermatitis. There was no significant new information for other agents in class.

- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
NYSTATIN/TRIAMCINOLONE (TOPICAL)	ON	Generic
CLOTRIMAZOLE-BETAMETHASONE (TOPICAL)	ON	Generic
NYSTATIN (TOPICAL)	ON	Generic
ECONAZOLE (TOPICAL)	ON	Generic
KETOCONAZOLE SHAMPOO (TOPICAL)	ON	Generic
KETOCONAZOLE CREAM (TOPICAL)	ON	Generic

CICLOPIROX CREAM/SUSPENSION (TOPICAL)	ON	Generic
EXELDERM (TOPICAL)	ON	No
OXISTAT (TOPICAL)	OFF	No
MENTAX (TOPICAL)	OFF	No
NAFTIN (TOPICAL)	ON	No
ERTACZO (TOPICAL)	OFF	No
LOPROX SHAMPOO (TOPICAL)	ON	No
LOPROX GEL (TOPICAL)	ON	No
VUSION (TOPICAL)	OFF	No
PENLAC (TOPICAL)	OFF	No

c) Discussion – None.

d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed and no abstentions.

5) Antifungals, Oral (Nail fungus and other fungal infections)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
FLUCONAZOLE (ORAL)	ON	Generic
KETOCONAZOLE (ORAL)	ON	Generic
NYSTATIN (ORAL)	ON	Generic
CLOTRIMAZOLE (MUCOUS MEM)	ON	Generic
GRISEOFULVIN SUSPENSION (ORAL)	ON	Generic
ITRACONAZOLE (ORAL)	ON	Generic
GRIS-PEG (ORAL)	ON	Yes
GRIFULVIN V TABLETS (ORAL)	OFF	No
LAMISIL (ORAL)	ON	Yes
ANCOBON (ORAL)	OFF	No
VFEND (ORAL)	ON	Yes

c) Discussion – Dr. Izard and Dr. Hirsch pointed out that WI Medicaid is the only plan in the area that currently has Lamisil as a preferred agent. Most plans place a clinical PA on the use of the product. A motion was made to amend the recommendation and make Lamisil non-preferred and create specific clinical PA criteria.

d) Vote on Recommendation – Motion to accept recommendation as amended in the discussion was made. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed and no abstentions.

6) Antivirals (Flu/Herpes)

a) Review – Dr. Taylor stated in January 2006 the Center for Disease Control recommended Tamiflu and Relenza for the treatment and prevention of influenza. Amantadine and rimantadine have too much viral resistance to type A influenza strains.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ACYCLOVIR (ORAL)	ON	Generic
RIMANTADINE (ORAL)	ON	Generic
AMANTADINE (ORAL)	ON	Generic
GANCICLOVIR (ORAL)	ON	Generic
VALTREX (ORAL)	ON	Yes
TAMIFLU (ORAL)	ON	No
FAMVIR (ORAL)	OFF	No
RELENZA (INHALATION)	ON	No
VALCYTE (ORAL)	ON	Yes

c) Discussion – The Committee made a motion to accept the recommendation, but also added that upon approval of the Division of Public Health or the Center for Disease Control, the DHCF should make Tamiflu and Relenza preferred to help control the spread of disease.

d) Vote on Recommendation – Motion to accept recommendation was made. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed and no abstentions.

7) Cephalosporins/Related Antibiotics (Antibiotics for infection)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
CEPHALEXIN (ORAL)	ON	Generic
CEFACLOR (ORAL)	ON	Generic
CEFUROXIME (ORAL)	ON	Generic
CEFADROXIL (ORAL)	ON	Generic
AMOXICILLIN/CLAV TABLET (ORAL)	ON	Generic
AMOXICILLIN/CLAV SUSPENSION (ORAL)	ON	Generic
CEFPODOXIME (ORAL)	ON	Generic
CEFPROZIL (ORAL)	ON	Generic
LORABID (ORAL)	OFF	No
SPECTRACEF (ORAL)	ON	Yes
PANIXINE (ORAL)	OFF	No

CEDAX (ORAL)	ON	Yes
SUPRAX (ORAL)	ON	Yes
RANICLOR (ORAL)	OFF	No
OMNICEF (ORAL)	ON	Yes
AUGMENTIN XR (ORAL)	OFF	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – aye

There were no votes opposed and no abstentions.

8) Fluoroquinolones (Antibiotics for infection)

- a) Review – Dr. Taylor stated there were several agents removed from the market - Maxaquin, Noroxin and Tequin. Also, there were some new sustained drugs released – ciprofloxacin and Proquin XR.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
CIPROFLOXACIN TABLETS (ORAL)	ON	Generic
OFLOXACIN (ORAL)	ON	Generic
PROQUIN XR (ORAL)	OFF	No
AVELOX (ORAL)	ON	Yes
FACTIVE (ORAL)	OFF	No
LEVAQUIN (ORAL)	ON	No
CIPRO XR (ORAL)	OFF	No
CIPRO SUSPENSION (ORAL)	OFF	No

- c) Discussion – Dr. Izard stated that Levaquin is recommended to be non-preferred, but has nearly 50% of the market share. He felt it would be problematic to switch the drug to non-preferred because patients would have to revisit their doctor to be changed to something different. A motion was made to amend the recommendation to make Levaquin a preferred drug.

Dr. Hirsch asked about the effectiveness of the current emergency fill process for Medicaid. Ms. Gray from the DHCF summarized the current emergency fill process. Dr. Hirsch requested the DHCF staff analyze the effectiveness of the current emergency fill process and report back at the next meeting. Ms. Sorkness asked how many pharmacies and other providers know about the emergency fill process.

Ms. Walker commented that few pharmacies participate in the emergency fill procedure because they fear they will not be reimbursed. The Committee recommended that DHCF staff take steps to better educate pharmacies and prescribers on the emergency drug fill policy and procedure.

d) Vote on Recommendation – Motion to accept recommendation as amended in the discussion. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed and no abstentions.

9) Macrolides/Ketolides (Antibiotics for infection)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ERYTHROMYCIN (ORAL)	ON	Generic
AZITHROMYCIN (ORAL)	ON	Generic
CLARITHROMYCIN (ORAL)	ON	Generic
ZITHROMAX BRAND (ORAL)	ON	Yes
ZMAX	ON	Yes
KETEK (ORAL)	OFF	No
BIAXIN XL (ORAL)	ON	Yes

c) Discussion – None.

d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed and no abstentions.

10) Ophthalmics, Antibiotics (Infection of the eyes)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
SULFACETAMIDE (OPHTHALMIC)	ON	Generic
BACITRACIN (OPHTHALMIC)	ON	Generic
ERYTHROMYCIN (OPHTHALMIC)	ON	Generic
TOBRAMYCIN (OPHTHALMIC)	ON	Generic
GENTAMICIN (OPHTHALMIC)	ON	Generic
POLYMYXIN/TRIMETHOPRIM (OPHTHALMIC)	ON	Generic
CIPROFLOXACIN SOLUTION (OPHTHALMIC)	ON	Generic
OFLOXACIN (OPHTHALMIC)	ON	Generic
BACITRACIN/POLYMYXIN (OPHTHALMIC)	ON	Generic
TRIPLE ANTIBIOTIC (OPHTHALMIC)	ON	Generic

ZYMAR (OPHTHALMIC)	ON	Yes
VIGAMOX (OPHTHALMIC)	OFF	No
CILOXAN OINTMENT (OPHTHALMIC)	OFF	No
QUIXIN (OPHTHALMIC)	OFF	No

- c) Discussion – The recommendation was voted on and passed. However, after the vote Ms. Walker made a motion to reopen the discussion. The Committee agreed unanimously.

Ms. Walker stated that because Vigamox did not contain preservatives and the other drugs did, she would like Vigamox to be preferred in addition to Zymar. Ms. Walker pointed out that during the testimony the Committee heard that the preservatives can cause eye irritation with some patients. A motion was made to include Vigamox as a preferred drug. There was no second to the motion and therefore no vote on it.

- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
- Steve Maike – aye
 - Alicia Walker – nay
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – aye

Motion passed--7 ayes to 1 nay. There were no abstentions.

11) Ophthalmics, Allergic Conjunctivitis (Allergy of the eyes)

- a) Review – The class was previously reviewed. Since the last review the generic for Zaditor was released.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
CROMOLYN SODIUM (OPHTHALMIC)	ON	Generic
ALREX (OPHTHALMIC)	ON	Yes
ZADITOR (OPHTHALMIC)	OFF	No
ELESTAT (OPHTHALMIC)	ON	Yes
ACULAR (OPHTHALMIC)	ON	Yes
PATANOL (OPHTHALMIC)	ON	Yes
OPTIVAR (OPHTHALMIC)	OFF	No
EMADINE (OPHTHALMIC)	OFF	No
ALOMIDE (OPHTHALMIC)	OFF	No
ALAMAST (OPHTHALMIC)	OFF	No
ALOCRIAL (OPHTHALMIC)	OFF	No

- c) Discussion – Dr. Hirsch asked if this was a class that the Committee should either place quantity limit on or ask DHCF staff to look at the utilization to determine any further restrictions. The Committee did not feel there was a need for quantity limits or further analysis of this class.

- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed and no abstentions.

12) Ophthalmics, Glaucoma Agents (Treatment of eye condition that can cause sight loss)

- a) Review – The class was previously reviewed. Lumigan has now received a first line therapy indication for glaucoma.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
DIPIVEFRIN (OPHTHALMIC)	ON	Generic
LEVOBUNOLOL (OPHTHALMIC)	ON	Generic
PILOCARPINE (OPHTHALMIC)	ON	Generic
METIPRANOLOL (OPHTHALMIC)	ON	Generic
TIMOLOL (OPHTHALMIC)	ON	Generic
CARTEOLOL (OPHTHALMIC)	ON	Generic
BRIMONIDINE (OPHTHALMIC)	ON	Generic
BETAXOLOL (OPHTHALMIC)	ON	Generic
TRAVATAN 2.5ML (OPHTHALMIC)	ON	Yes
BETIMOL (OPHTHALMIC)	ON	Yes
LUMIGAN 2.5ML (OPHTHALMIC)	ON	Yes
AZOPT (OPHTHALMIC)	ON	Yes
BETOPTIC S (OPHTHALMIC)	ON	Yes
TRUSOPT (OPHTHALMIC)	ON	Yes
XALATAN 2.5ML (OPHTHALMIC)	OFF	No
TRAVATAN 5 ML (OPHTHALMIC)	ON	Yes
ALPHAGAN P (OPHTHALMIC)	ON	Yes
ISTALOL (OPHTHALMIC)	OFF	No
LUMIGAN 5 ML (OPHTHALMIC)	ON	Yes
COSOPT (OPHTHALMIC)	ON	Yes
LUMIGAN 7.5 ML (OPHTHALMIC)	ON	Yes

- c) Discussion – The Committee was asked to decide if the grandfathering of Xalatan would be extended. Dr. Hirsch asked if there is any clinical disadvantage of either Xalatan or Lumigan.

Dr. Taylor stated that both drugs are equally effective in trials, although some trials do give Lumigan a slightly better rating. Xalatan may have more adverse side effects. Dr. Fedderly asked if switching will cause extra cost because of increased doctor visits. Ms. Sorkness stated that if patients have glaucoma, they should be regularly seeing a doctor anyway and therefore the risk of extra doctor visits is unlikely.

A motion was made to accept the recommendation and end the grandfathering after an appropriate communication is sent out to the doctors of the affected individuals.

d) Vote on Recommendation – Motion to accept recommendation as amended in the discussion. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – aye

There were no votes opposed and no abstentions.

13) Leukotriene Modifiers (Asthma)

a) Review – There is a new agent in the class – Zyflo. The other drugs in the class inhibit the receptors for cysteinyl leukotrienes. It is indicated for prophylaxis and treatment of asthma in children 12 years and older. Zyflo is extensively metabolized by the liver and is contraindicated in patients with liver disease.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ACCOLATE (ORAL)	ON	Yes
SINGULAIR (ORAL)	ON	Yes
ZYFLO (ORAL)	NR	No

c) Discussion – Ms. Sorkness stated that drugs are likely being used for allergic rhinitis. She asked if the DHCF staff have looked at the utilization in the class to determine if appropriate. Dr. Mergener explained that DHCF staff looked at utilization previously. It is difficult to determine diagnosis codes for patients because the diagnosis code is not required on the claim. Ms. Sorkness recommended DHCF adopt a diagnosis restriction for use of drugs in the class.

Dr. Hirsch agreed with Ms. Sorkness and encouraged DHCF to adopt an appropriate restriction that would limit the use of drugs in the class to asthma or COPD. Dr. Taylor stated that any restrictions on drugs in the class would negate the current supplemental rebate agreements. The Committee felt that the savings that could be gained by appropriate use could out-weigh the loss of supplemental rebate savings.

Ms. Walker would like DHCF to determine if there is inappropriate use of the drugs in the class before placing a restriction on the drugs. Dr. Fedderly recommended the DHCF conduct the analysis and provide the results to the Committee at the next meeting for discussion.

Ms. Sorkness recommended doing the research by looking at patients that are taking a short-acting beta agonist in addition to the leukotriene modifier to determine appropriate use. Mr. Vavra agreed to look into the issue and communicate the results to the Committee via email prior to the next meeting.

d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – absent

There were no votes opposed.

14) Bronchodilators, Beta Agonists (Asthma)

- a) Review – There are new HFA products on the market. Both albuterol and Xopenex HFA products are indicated in patients down to the age of four for prevention of bronchospasm with an onset of action within 10 minutes. Dosing is two inhalations every four to six hours as needed.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ALBUTEROL (ORAL)	ON	Generic
ALBUTEROL INHALER (INHALATION)	ON	Generic
ALBUTEROL NEBULIZER (INHALATION)	ON	Generic
METAPROTERENOL (ORAL)	ON	Generic
TERBUTALINE (ORAL)	ON	Generic
METAPROTERENOL (INHALATION)	ON	Generic
PROVENTIL HFA (INHALATION)	NR	Yes
XOPENEX (INHALATION)	NR	Yes
ALUPENT INHALER (INHALATION)	OFF	No
MAXAIR (INHALATION)	ON	Yes
VENTOLIN HFA (INHALATION)	NR	No
ALBUTEROL HFA INHALER (INHALATION)	ON	No
ACCUNEB (INHALATION)	OFF	No
SEREVENT (INHALATION)	ON	Yes
VOSPIRE ER (ORAL)	OFF	No
FORADIL (INHALATION)	OFF	No
XOPENEX (INHALATION)	OFF	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
 - Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

15) Bronchodilators, Anticholinergic (Emphysema)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
IPRATROPIUM NEBULIZER (INHALATION)	ON	Generic
COMBIVENT (INHALATION)	ON	Yes
ATROVENT HFA (INHALATION)	ON	Yes
DUONEB (INHALATION)	OFF	No
SPIRIVA (INHALATION)	ON	Yes

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
 - Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

16) Glucocorticoids, Inhaled (Asthma)

- a) Review – Dr. Mergener stated there was some evidence that twice daily use provides better results than once daily use of drugs in the class. There have been some studies comparing the various dosage forms for inhaled steroids. In the studies, there was evidence to show patient preference for dry powder inhalers over metered dose inhalers. The DPI inhalers were easier to use and adherence was better.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
AZMACORT (INHALATION)	ON	Yes
AEROBID / AEROBID-M (INHALATION)	ON	Yes
QVAR (INHALATION)	ON	Yes
ASMANEX (INHALATION)	ON	Yes
PULMICORT TURBUHALER (INHALATION)	OFF	No
FLOVENT / FLOVENT HFA (INHALATION)	ON	Yes
ADVAIR DISKUS (INHALATION)	ON	Yes
PULMICORT RESPULES (INHALATION)	ON	Yes

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
 - Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

17) Intranasal Rhinitis (Allergies)

- a) Review – Flonase available generically.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
IPRATROPIUM (NASAL)	ON	Generic
FLUTICASONE (NASAL)	ON	No-Generic
FLUNISOLIDE (NASAL)	ON	Generic
ASTELIN (NASAL)	OFF	Yes
NASACORT AQ (NASAL)	ON	Yes
BECONASE AQ (NASAL)	OFF	No
FLOLASE (NASAL)	OFF	Yes

NASONEX (NASAL)	ON	Yes
NASAREL (NASAL)	OFF	No
RHINOCORT AQUA (NASAL)	OFF	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

18) Antiemetics (Prevention of nausea and vomiting)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
EMEND (ORAL)	ON	Yes
ZOFRAN / ZOFRAN ODT (ORAL)	ON	Yes
ANZEMET (ORAL)	OFF	No
KYTRIL (ORAL)	OFF	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

19) Hypoglycemics, Insulins (Diabetes)

- a) Review —There are two new drugs in class--Levemir and Apidra. Levemir is a basal insulin given QD or BID. It is similar in lowering A1c at 26 weeks. Levemir provided lower fasting glucose levels and had a lower risk of nocturnal hypoglycemia. There is data for use in patients down to the age of six.

Apidra is used for the control of hypoglycemia. It is taken 15 minutes prior to a meal with a duration of 1.5 to 2.5 hours. A similar A1c lowering occurred with Apidra and Humalog.

- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
HUMULIN (SUBCUTANE.)	ON	Yes
HUMALOG (SUBCUTANE.)	ON	Yes
NOVOLIN (SUBCUTANE.)	OFF	No
NOVOLOG (SUBCUTANE.)	OFF	No
LEVEMIR (SUBCUTANE.)	NR	Yes

LANTUS (SUBCUTANE.)	ON	Yes
NOVOLOG MIX 70/30 (SUBCUTANE.)	OFF	No
HUMALOG MIX 75/25 (SUBCUTANE.)	ON	Yes
APIDRA (SUBCUTANE.)	NR	No
SYMLIN (SUBCUTANE.)	OFF	No
BYETTA (SUBCUTANE.)	OFF	No

- c) Discussion – Dr. Izard recommended the Committee add Symlin and Byetta to the preferred list because of their adjunctive uses. Dr. Taylor stated that the drugs would need to be placed in their own drug class. In addition the Committee recommended that clinical PA be placed on both Byetta and Symlin. Dr. Izard made a motion to amend the recommendation to add Symlin and Byetta to the PDL in their own drug class and also to place clinical PA on the drugs.
- d) Vote on Recommendation – Motion to accept recommendation as amended in the discussion. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

20) Bone Resorption Suppression/Related Agents (Osteoporosis)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
FOSAMAX / FOSAMAX PLUS D (ORAL)	ON	Yes
ACTONEL W/CALCIUM (ORAL)	OFF	No
BONIVA (ORAL)	OFF	No
ACTONEL (ORAL)	ON	No
MIACALCIN (NASAL)	ON	Yes
FORTICAL (NASAL)	OFF	No
EVISTA (ORAL)	OFF	No
DIDRONEL (ORAL)	OFF	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation was made. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - absent
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

21) Cytokine and CAM Antagonists (Rheumatoid arthritis and psoriasis)

- a) Review – Dr. Taylor stated this is the first review of Remicade and Orencia. Remicade is an anti-TNF alpha agent similar to Enbrel and Humira. It is a chimeric monoclonal

antibody. Remicade is indicated for Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, and PA. Remicade has a strong initial response after one dose, but antibody development is an issue with repeated doses.

Orencia is a T cell modulator indicated for rheumatoid arthritis. When Orencia is combined with MTX or another DMARD, it was shown in two clinical studies to have clinically better ACR20, 50, and 70 responses than patients treated without Orencia.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
KINERET (INJECTION)	ON	Yes
ENBREL (INJECTION)	ON	Yes
RAPTIVA (INJECTION)	ON	Yes
HUMIRA (INJECTION)	ON	Yes
ORENCIA (INJECTION)	OFF	No
REMICADE (INJECTION)	NR	No
AMEVIVE (INJECTION)	OFF	No

c) Discussion – None.

d) Vote on Recommendation – Motion to accept recommendation was made. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – absent

There were no votes opposed and no abstentions.

22) NSAIDs (Pain Control)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
PIROXICAM (ORAL)	ON	Generic
IBUPROFEN RX (ORAL)	ON	Generic
KETOROLAC (ORAL)	ON	Generic
NAPROXEN RX (ORAL)	ON	Generic
FLURBIPROFEN (ORAL)	ON	Generic
MECLOFENAMATE (ORAL)	ON	Generic
DICLOFENAC (ORAL)	ON	Generic
INDOMETHACIN (ORAL)	ON	Generic
KETOPROFEN (ORAL)	ON	Generic
OXAPROZIN (ORAL)	ON	Generic
SULINDAC (ORAL)	ON	Generic
FENOPROFEN (ORAL)	ON	Generic
ETODOLAC (ORAL)	ON	Generic
NABUMETONE (ORAL)	ON	Generic
TOLMETIN (ORAL)	ON	Generic
PONSTEL (ORAL)	OFF	No
PREVACID NAPRAPAC (ORAL)	OFF	No

CELEBREX (ORAL)	OFF	No
MOBIC (ORAL)	OFF	No
ARTHROTEC (ORAL)	OFF	No

- c) Discussion – Dr. Hirsch made a motion to amend the recommendation by removing the following generics from the preferred list: fenoprofen, etodolac, tolmetin, and nabumetone.

Dr. Izard stated that removing generic products from the recommendation confuses patients and pharmacies. It is difficult to change patients to different drugs. Dr. Izard was in favor of the recommendation as it was presented.

Dr. Hirsch pointed out that there would still be 11 generic drugs to choose from. He feels there needs to be more restrictions on the high cost generic drugs and asked if the Committee should grandfather patients that are currently taking the drugs that would change to non-preferred status.

- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
- Steve Maike – nay
 - Alicia Walker – nay
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – nay
 - Rosanne Barber – absent

Motion passed--4 ayes to 3 nays.

23) Androgenic Agents (Male Sex Hormones)

- a) Review – This is the first time this class is being reviewed. They deliver testosterone to males who are deficient.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ANDRODERM (TRANSDERM.)	NR	Yes
ANDROGEL (TRANSDERM.)	NR	Yes
TESTIM (TRANSDERM.)	NR	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation was made. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

24) Alzheimer’s Agents (Alzheimer’s Disease)

- a) Review – The class was previously reviewed. Dr. Mergener stated there were a number of head-to-head comparisons between Aricept and Razadyne. Most comparisons showed better outcomes with Aricept.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
COGNEX (ORAL)	OFF	No
EXELON (ORAL)	ON	Yes
ARICEPT / ARICEPT ODT (ORAL)	ON	Yes
RAZADYNE ER (ORAL)	ON	No
NAMENDA (ORAL)	ON	Yes

- c) Discussion – The Committee recommended that the patients currently taking Razadyne and Razadyne ER be grandfathered indefinitely.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

25) Antiparkinson’s Agents (Parkinson’s Disease)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
BENZTROPINE (ORAL)	ON	Generic
TRIHENXYPHENIDYL (ORAL)	ON	Generic
SELEGILINE (ORAL)	ON	Generic
CARBIDOPA/LEVODOPA (ORAL)	ON	Generic
PERGOLIDE (ORAL)	ON	Generic
KEMADRIN (ORAL)	OFF	Yes
REQUIP (ORAL)	OFF	Yes
MIRAPEX (ORAL)	ON	Yes
PARCOPA (ORAL)	OFF	No
COMTAN (ORAL)	ON	Yes
STALEVO (ORAL)	ON	Yes
TASMAR (ORAL)	OFF	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
- Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed.

26) Antidepressants, SSRIs (Depression)

- a) Review – Zoloft will soon be available generically. Dr. Mergener stated there were some head-to-head studies of Lexapro and Celexa. In four of the five comparisons, Lexapro

showed better outcomes on a few minor measurements. These studies were conducted by Forest Labs.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
SERTRALINE (ORAL)	NR	No-generic
FLUOXETINE (ORAL)	NR	Generic
CITALOPRAM (ORAL)	NR	Generic
PAROXETINE (ORAL)	NR	Generic
FLUVOXAMINE (ORAL)	NR	Generic
PEXEVA (ORAL)	NR	No
PAXIL CR (ORAL)	NR	No
LEXAPRO (ORAL)	NR	No
ZOLOFT (ORAL)	NR	Yes
PROZAC WEEKLY (ORAL)	NR	No

- c) Discussion – Ms. Walker made Motion 1 to make Lexapro a preferred drug to give prescribers another first line drug in the class. Ms. Walker cited testimony and studies which show a difference in the efficacy for Lexapro compared to other drugs in the class. Dr. Izard suggested the Committee keep Lexapro as a non-preferred drug, but grandfather patients currently taking it.

Dr. Hirsch stated that he struggled to support the motion because there does not seem to be a well documented advantage for Lexapro over citalopram.

The Committee voted on Ms. Walker’s motion to add Lexapro as a preferred drug. The motion failed by a vote of 1-6.

Motion 2 was made to accept the recommendation as presented and grandfather any patients currently taking a non-preferred product.

Dr. Hirsch made Motion 3 to always grandfather non-preferred products of mental health drug classes.

Dr. Izard expressed concern that the Committee should look at each class individually and not make a blanket recommendation as there may be classes that the Committee would prefer to not apply the grandfathering policy. Ms. Walker agreed with Dr. Izard’s concern and therefore did not favor the motion.

- d) Vote on Recommendation – Motion 1 to accept recommendation as amended in the discussion. Voting results were:

- Steve Maike – nay
- Alicia Walker – aye
- Tom Hirsch – nay
- Michael Witkovsky - nay
- Christine Sorkness – nay
- Bradley Fedderly – nay
- Kevin Izard – nay
- Rosanne Barber – absent

Motion failed--1 aye to 6 nays.

Motion 2 to accept recommendation as amended in the discussion. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – nay
- Michael Witkovsky - aye
- Christine Sorkness – aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – absent

Motion passed--6 ayes to 1 nay.

Motion 3 to grandfather all future non-preferred drugs in mental health drug classes.

Voting results were:

- Steve Maike – nay
- Alicia Walker – nay
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness – aye
- Bradley Fedderly – aye
- Kevin Izard – nay
- Rosanne Barber – absent

Motion passed--4 ayes to 3 nays.

27) Stimulants and Related Agents (Attention deficit disorder and attention deficit hyperactivity disorder)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
METHYLPHENIDATE (ORAL)	ON	Generic
AMPHETAMINE SALT COMBO (ORAL)	ON	Generic
METHYLPHENIDATE ER (ORAL)	ON	Generic
DEXTROAMPHETAMINE (ORAL)	ON	Generic
PEMOLINE (ORAL)	OFF	No-Generic
FOCALIN (ORAL)	ON	Yes
ADDERALL XR (ORAL)	ON	Yes
FOCALIN XR (ORAL)	ON	Yes
CONCERTA (ORAL)	ON	Yes
METADATE CD (ORAL)	ON	Yes
RITALIN LA (ORAL)	ON	No
STRATTERA (ORAL)	OFF	No
DESOXYN (ORAL)	OFF	No
PROVIGIL (ORAL)	OFF	No

- c) Discussion – None.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:
 - Steve Maike – aye
 - Alicia Walker – aye
 - Tom Hirsch – aye
 - Michael Witkovsky - aye
 - Christine Sorkness - aye
 - Bradley Fedderly – aye
 - Kevin Izard – aye
 - Rosanne Barber – absent

There were no votes opposed and no abstentions.

28) Ultram ER – Analgesics, Narcotics

- a) Review – Dr. Taylor stated this drug is indicated for severe pain requiring an opioid for extended periods. The half-life of the drug is eight hours as compared to tramadol which

is four to five hours. It was found to be superior to placebo in pain intensity scores. The dosing starts at 100 mg daily and then increase every five days to relieve pain. Ultram ER should not be used in patients with renal and hepatic impairment.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ULTRAM ER (ORAL)	NR	No

c) Discussion – None.

d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – absent

There were no votes opposed.

29) Avandaryl – Hypoglycemics, TZDs

a) Review – Avandaryl is a combination of Avandia and Amaryl and is indicated for Type II diabetes and is given once daily. Patients who were on Amaryl 4 mg daily and either Avandia or Actos was added. At 12 months, BMI had increased while HbA1c and FBG had decreased. Adverse effects were experienced by both groups but no discontinuation of the medication.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
AVANDARYL (ORAL)	NR	Yes

c) Discussion – None.

d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – absent

There were no votes opposed.

30) Zegerid – Proton Pump Inhibitors

a) Review –It is available in 20 and 40 mg capsules and is indicated for DU, GERD, erosive esophagitis, and GU. Zegerid is a combination of omeprazole and sodium bicarbonate.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ZEGERID (ORAL)	NR	No

c) Discussion – Dr. Hirsch asked if there was another drug in the class available to patients that are not able to swallow a tablet. Dr. Taylor stated that Prevacid is available.

d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – absent

There were no votes opposed.

31) Lyrica – Anticonvulsants

- a) Review – Dr. Taylor reviewed the new clinical information for Lyrica since the last Committee meeting.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
LYRICA (ORAL)	NR	No

- c) Discussion –Lyrica will be reviewed with the rest of the Anticonvulsants class in February 2007. Dr. Izard suggested the Committee make Lyrica a preferred drug and then re-review in six months. Dr. Fedderly agreed with the suggestion and added that it may be the best decision for patients.
- d) Vote on Recommendation – Motion to accept recommendation. Voting results were:

- Steve Maike – aye
- Alicia Walker – aye
- Tom Hirsch – aye
- Michael Witkovsky - aye
- Christine Sorkness - aye
- Bradley Fedderly – aye
- Kevin Izard – aye
- Rosanne Barber – absent

There were no votes opposed.

Closing

The next meeting is in February 2007 in Madison. DHCF staff will notify Committee members of the final date.

Mr. Hayden thanked the Committee for its service, participation and attentiveness throughout the day. Mr. Hayden adjourned the meeting.